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Testimony of Randi Faith Mezzy

In support of Raised Bill No. 1097: **AN ACT EXPANDING ELIGIBILITY UNDER THE BREAST AND CERVICAL CANCER EARLY DETECTION TREATMENT REFERRAL PROGRAM**

This bill will raise the income limit for women to be eligible for screening for breast and/or cervical cancer through the Department of Health's Breast and Cervical Cancer Early Detection Treatment Referral Program (hereinafter BCCEDTR; note that if the program is also known as the CBCCEDP). Currently, women whose incomes do not exceed \$1700 per month (200% of federal poverty guideline for 1 person) are eligible to be screened under this program. The proposed change will allow women with incomes up to \$2125 per month to be eligible.

This very important because it is **only through the BCCEDTR program** that women can gain access to a life-saving Medicaid program that allows women diagnosed with breast or cervical cancer to receive treatment, without regard to their income or asset levels.

In short, raising the income limit for 200% of poverty to 250% is a very positive step for the women of Connecticut, but in order to fully implement the BCCEDTR program, we need to increase funding for outreach and for testing, as well as convince DSS to return the access to eligibility for BCC Medicaid that was taken away last year.

While this Medicaid category appears to provide coverage to all those diagnosed with these life-threatening cancers, in truth, the Department of Social Services has eliminated one of the doors to eligibility. Until about a year ago, a woman could become eligible for this Medicaid category by being screened under the BCCEDTR program or by being screened in a facility (e.g., a hospital) that had received federal funds to run a BCCEDTR program, even if the woman was diagnosed in a part of the facility that was not part of the actual BCCEDTR program. With no explanation, DSS removed that second door to Medicaid eligibility.

I am an attorney with Connecticut Legal Services. In 2006, I represented a woman whose income was \$17,000 per year, from her husband's pension and Social Security. She had no income of her own. She was unaware of the BCCEDTR program, and had her



mammogram at a local radiology facility, paying for it out of pocket. The doctor saw something suspicious and referred her to an oncologist, who performed a biopsy, confirming breast cancer.

When she applied for medical coverage from the Department of Social Services, she was told to meet a spenddown of \$4,000 every 6 months, or \$8,000 over the course of a year, before her cancer treatments would be covered. Because the income limit for medical coverage for state medical assistance is only \$633 for a family of 2, her monthly income of \$1420 meant she would not be eligible for cancer treatment until she accrued medical bills of over \$4,000 during a 6 month eligibility period. Once the 6 months were over, she would have to start again, and go without state-paid treatment until she had again accumulated \$4,000 in medical bills. This is the way spenddown works: it would require my client to use one half of her income on her medical treatment before she would be eligible for state coverage.

When I met her, she and her husband had borrowed money to get treatment for her. No one had told her about the BCCEDTR screening program or the Medicaid program, which would have eliminated the spenddown obstacle, IF she had been screened in the right facility. Luckily for her, the oncologist who performed the biopsy did so at Danbury Hospital, one of the facilities that receives federal funds to run a BCCEDTR site. **Under the old DSS regulation**, my client was found eligible for Medicaid back to the day of her diagnosis, didn't have to take out loans, and could face her difficult treatment without worrying about how to pay for it.

But now that door is closed. Now, only women who go through the actual BCCEDTR door will be eligible for Medicaid without a spenddown.

Women with incomes above 200% of poverty, who COULD be eligible for BCC Medicaid **will not have access to it at all**, because their incomes are too high for them to be screened first through the BCCEDTR program.

If the income limit for screening is raised to 250% of poverty, then a few more women will be able to enter the small door to eligibility for a truly wonderful Medicaid program. That eligibility will allow these women to focus their energy on getting well instead of worrying about where to find the money to pay their treatment bills.

Unfortunately, the Department of Public Health does not publicize the BCCEDTR program as widely as it should. I have been told that this is because there are not enough funds on the state level to provide mammograms and cervical screening to all who would be eligible for it.

That is inexcusable. It also may be illegal. There is a federal mandate in the law that funds BCCEDTR, requiring the state to reach out and let as many women as

possible know about the availability of free screening. See 42 USC § 300k (a)(3). Our state is not doing that to the extent it should be.

The program's emphasis is most certainly on uninsured and underserved women; no one is advocating that CEOs of major corporations come on down and get a mammogram through the BCCEDTR program. But even the population it is meant to serve does not know about this program, or about the comprehensive BCC Medicaid coverage that awaits them if they are diagnosed through this program.

Had my client not had her eligibility for the BCC Medicaid program advocated by Connecticut Legal Services, she would have continued to have her treatment paid by SAGA Medical after she met the deductible. SAGA Medical is 100% state funded. Medicaid is at least 50% federally reimbursed, and in the case of the BCC program in particular, the reimbursement rates are even higher.

Connecticut is ignoring the federal mandate to cover, through Medicaid, women with breast and cervical cancer, while at the same time it is wasting taxpayer dollars by forcing women onto state-funded SAGA Medical, when they would have been found eligible for Medicaid if the screenings were more widely available. This slight increase in the income limit for eligibility for screenings is a helpful first step, and I urge the Committee to approve this bill.

I also urge the Committee to charge the Department of Social Services with expanding access to the federal BCC Medicaid program for all of Connecticut's women.